3474

MEMORANDUM FOR: C/PCD 31 March 1952

SUBJECT: History of SSD

The predecessor organization of the Special Support Division originated in June 1950, at which time, by agreement between the Chief, Medical Staff and the Assistant Director for OPC, the Deputy 25X1A9a Chief, Medical Staff, [redacted], was assigned to the OPC Staff II to develop a medical support program to operations. This arrangement was unique since OPC then was virtually a separate and distinct entity, maintaining a rather independent relationship to CIA. Thus the Medical Office was the first Agency component to functionally integrate one of its own representatives into the physical structure of OPC.

Up until that period, the Medical Office had provided support to 25X1A OSO on a relatively small scale, and this on a highly compartmented request basis. Although OPC was a younger but rapidly expanding office, [redacted]

Initially, there was widespread reluctance on the part of the operational authorities to take advantage of this new service, particularly since the medical adviser was not actually a bona fide member of their own organization. Furthermore, the extraordinarily rigid compartmentation of operational information, sanctified by the "need to know" fetish, almost precluded intelligent planning realistically adapted to the various projects. It was not unusual for the more circumspect case officers, on a consultant visit from a neighboring wing, to decline to give their names or telephone extensions, since such knowledge might permit tracing of the identity of their areas of interest.

This excessive preoccupation with secrecy presented an obstacle to other staff elements as well as medical, but it was gradually overcome through many difficult months of patience and perserverance. Since the various staff support officers were given no official authority by higher echelons to gain necessary information, they accepted the principles that prestige would be evolved rather than conferred, and worthiness demonstrated rather than assumed.

In August, 1950, even before office space within OPC had been granted, the Deputy Chief, Medical Staff, (Chief, Special Support Section, Operations Support Branch, Staff II, OPC) accompanied three key operational officers on a survey trip to a proposed [redacted] 25X1A
25X1A [redacted] In addition to routine preliminary medical and sanitation

inspection, negotiations were effected with the top level [redacted] authorities in the Pacific area. This project subsequently developed into one of the major OPC operations. 25X1A

Upon returning to Headquarters in late August, a small half-office was acquired and a program initiated. The most pressing problem was that of procuring, training and assigning medical officers and technicians to support operational projects. During late 1950 and early 1951, a great portion of the medical adviser's efforts were devoted to this task. The first doctors departed for overseas posts in March 1951, and the first technician in May 1951, these having been followed by others intermittently ever since.

Supplies and equipment constituted an equally challenging problem, particularly in view of the difficulty in obtaining a clear picture of the requirements of given projects. Ideally, a prior inspection visit to each contemplated station would have provided the only true solution, but such a course was neither physically possible nor wholly welcomed by the operational desks. Consequently, logistic consultation was furnished through the crystal ball method, ranging from single kits to cold war mobilization hospitals.

25X1A In March, 1951, the unit chief embarked on a survey trip of [redacted], primarily to plan support to the [redacted] project. While 25X1A2g cooperation there was even less than that encountered at Headquarters, sufficient impressions were absorbed to permit a reasonably accurate estimate of the situation. The definitive support value of that survey mission is debatable, but at least it served to forcibly indicate the European barriers the Medical Office would be obliged to assail during the ensuing months.

During the spring and early summer of 1951, OPC and CIA struggled through extensive internal alterations and altercations which resulted in the ascent of the medical representative to the position of Medical Adviser (AL/MD) laterally attached to the office of the Chief, Administration and Logistics Staff, OPC. This change had little practical significance so far as actual functions were concerned, although the removal of at least two layers of hierarchy did allow a more facile opportunity to deal more directly with appropriate operational levels.

By this time, the AL/MD staff, now functioning identically as the Special Support Division, Medical Office, was besieged with requests 25X1C from operational desks for assistance on a fantastic array of problems. These not only involved ordinary clinical matters of therapeutic and

[redacted]

The most ambitious survey trip of this Division was made to all the major Far East stations in August and September 1951, including a

25X1A

tour [redacted] Personal conferences with the medical personnel at the sites of their operations provided a mutually valuable experience. In addition to the primary objective of observing and analyzing medical support functions, the trip enabled the representative to crystallize a number of fundamental impressions of factors directly influencing the psychological status and morale of all categories of overseas personnel. First-hand observation and interpretation of these problems subsequently brought to the Medical Office a more intimate understanding of its mission in the medical evaluation, treatment and disposition of employees.

In November 1951, the actual position of Chief, Special Support Division, was activated with the transfer of [redacted] 25X1A9a from a field assignment to Headquarters. [redacted] continued to serve 25X1A9a in a dual capacity as AL/MD as well as Deputy to Dr. Tietjen, due to the ever-increasing volume of operational support activity, the growing complexity of scope in the impending reorganization of the covert offices, and the necessity for one or the other of the Headquarters support advisors to be visiting the field much of the time. At this writing, [redacted] 25X1A9a is completing a tour of European stations.

In early 1952, OSO and OPC were merged under DD/P. As of this date, the final effect of this reorganization has not been determined, except that the obligations and responsibilities of the Special Support Division will inevitably increase. This can be attributed to these factors:

1. OSO previously had no counterpart of the OPC medical advisory services, but will undoubtedly take advantage of these as soon as ready availability is recognized.

2. The outstanding success of the support program, which may be credited mostly to the exceptional efforts of the field doctors and technicians, has awakened the operational offices to the genuine need and value of medical support.

3. The closer scrutiny of operational expenditures, involving huge sums of money and intricate means of procurement, will require a professional coordination of medical materiel.

4. It appears certain that the Medical Office's expanding responsibility for the procurement and technical supervision of professional personnel will lead to a greater demand for assistance to Agency missions beyond those limited strictly to medical support.

[redacted] 25X1A9a

SSD/FEG/nkk

Distribution:
Addressee - orig & 1
SSD (61-62) - 2